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## Transitional difficulties among foster youth: A look at social support and attachment

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TRANSITIONAL DIFFICULTIES AMONG FOSTER YOUTH: A  
LOOK AT SOCIAL SUPPORT AND ATTACHMENT

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Ashley Megan Brady  
Kyra Kristine Dotter

June 2007

TRANSITIONAL DIFFICULTIES AMONG FOSTER YOUTH: A  
LOOK AT SOCIAL SUPPORT AND ATTACHMENT

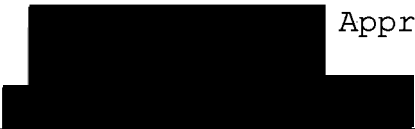
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A Project  
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San Bernardino


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by  
Ashley Megan Brady  
Kyra Kristine Dotter  
June 2007

Approved by:

  
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## ABSTRACT

Perceived levels of social support and attachment styles were examined in a sample of youth ( $n = 19$ ) preparing to exit the foster care system. Youth interest in Independent Living Program classes to help increase their social support was also investigated. No significant correlations were reported between total scores on the MOS-Social Support Survey and total Experiences in Close Relationships-Revised scores or with total scores on the ECR-R anxious attachment subscale. More than half (68.4%) of participants reported an interest in attending ILP classes to help increase their social support. Finally, an independent sample t-test reported no significant mean differences in interest in ILP classes between youth with high versus low social support. Implications of these findings and suggestions for future research are discussed.

## ACKNOWLEDGMENTS

We would like to acknowledge Dr. Laurie Smith for her excellent input in helping us create a quality research project. We would also like to give our thanks to Sally Richter at San Bernardino County Department of Children's Services, without whom, this project would not have been possible. Most importantly, we extend our immense gratitude and hope for the future to the foster youth who participated in this research.

## DEDICATION

We would like to dedicate this research project to our families. You have supported us and sacrificed alongside us. Thank you.

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## CHAPTER ONE

### INTRODUCTION

#### Problem Statement

According to the U.S. Department of Health and Human Services AFCARS Report (2006), 24,407 foster youth emancipated out of the child welfare system in 2005. For many of these youth, this transition into independent adult living often means being suddenly cut off from economic resources and social support. As a result, they are at risk for experiencing major life difficulties, such as unemployment and homelessness (Barth, 1990; Cook, 1991; Courtney, Terao & Bost, 2004; Tweddle, 2005).

One of the most widely recognized reports to call attention to this problem is known as the Westat Study (Cook, 1991). This two-phase longitudinal study surveyed a national sample of former foster youth and found alarming statistics. Results from the first phase indicated that at the time of emancipation, 66% of the youth had not obtained a high school diploma, 61% were unemployed, and 17% of the females were pregnant or a single parent. In the second data collection phase of the study, 2.5 to 4 years later, many youth were still

struggling. Nearly 50% were still without a high school diploma, 51% were unemployed, 60% of the females were pregnant or an unwed mother, 25% had been homeless for at least one night, and 30% were dependent upon public assistance. It was also found that 38% suffered emotional/mental health problems and 17% struggled with substance abuse.

Westat is not the only study to report such stark findings. Other studies have found strikingly similar outcomes. These studies also find high rates of criminal activity and incarceration as well as serious health problems combined with a lack of accessible healthcare (Barth, 1990; Courtney, Terao & Bost, 2004; Tweddle, 2005).

When considering foster youths' histories of abuse, neglect, severed attachments, multiple placement disruptions, and frequent school changes, it is logical to expect that many are highly unprepared for independent adult living by age 18. Psychosocial adjustment and development are adversely affected by the stressful environments in which these young people exist. The negative effects of growing up in the foster care system may be inferred from the poor outcomes observed

post-emancipation, but are also substantiated during the youths' school years through higher-than-average rates of learning disabilities, delinquency, grade retention, substance abuse, and mental health issues (Leathers, 2002; Mallon, 1998; Viner & Taylor, 2005; Wald & Martinez, 2003).

In the early 1980's, federal attention to this problem resulted in a series of legislative acts over the next two decades. These acts established services to assist foster youth in achieving successful adult living (Propp, Ortega, & NewHeart, 2003). These services, known as Independent Living Programs (commonly referred to as ILP), are currently available to older foster youths (14 to 21 years) through child welfare agencies. Though definitely a step in the right direction, current research demonstrates a need for improvement in both the quality and content of these services (Courtney et al., 2004; Hines, Merdinger, & Wyatt, 2005; Leathers, 2002; Lemon, Hines & Merdinger, 2005; Massinga & Pecora, 2004; Melpignano & Collins, 2003; Merdinger, Hines, Lemon-Osterling, & Wyatt, 2005; Propp et al., 2003; Tweddle, 2005).

## Policy Context

Legislative attempts to address the needs of foster youth began in 1986 and continue to expand and evolve. Congress passed the Independent Living Initiative of 1986 which amended the Title IV-E section of the Social Security Act, allocating 45 million dollars each year to states to provide ILP services to foster youth between the ages of 16 and 18 years. In 1993, this federal program obtained permanent status and funds were increased to \$70 million per fiscal year (Propp et al., 2003; U. S. Department of Health and Human Services, 1999).

When President Clinton signed the Foster Care Independence Act of 1999 (FCIA), the Federal Independent Living Initiative was renamed the John H. Chafee Foster Care Independence Program and several amendments were made (Collins, 2004; U.S. Department of Health and Human Services, 1999). The amendments doubled funding to \$140 million per year, incorporated an additional \$350 million to be invested in ILP services through 2004, and expanded the eligibility age range for qualifying youth to 14-21 years (U.S. Department of Health and Human Services, 1999). This legislation also allowed states to offer

Medicaid health coverage to former foster youth through the age of 21, made secondary training and education vouchers available to youth up to age 23, and improved data collection efforts to evaluate outcomes (Cook, 1991; National Conference of State Legislatures, 2002).

The John H. Chafee Foster Care Independence Program currently specifies five main goals: (1) identify and help children expected to be in foster care at age 18 transition to self-sufficiency; (2) help them receive education and employment services; (3) help them prepare for and enter post-secondary training and educational institutions; (4) provide personal and emotional support; and (5) provide services and support to complement the youths' efforts to achieve self-sufficiency and help them recognize and accept their personal responsibility for adulthood (Collins, 2004).

#### Practice Context

Current ILP services are consistent with goals 1, 2, 3, and 5 of the Chafee Act, of which the focus is solely on providing foster youth with the concrete skills needed for independent adult living (Collins, 2004; Lemon et al., 2005; Massinga & Pecora, 2004; Melpignano & Collins, 2003; Propp et al., 2003). The U.S. Department of Health

and Human Services (1999) details a range of these concrete skills that foster youth should develop: obtain education or vocational training, maintain employment and housing, manage money, perform daily living routines, and access healthcare. However, despite the fact that the fourth goal of the Chafee Act asserts foster youth should receive "personal and emotional support," and the fact that the U.S. Department of Health and Human Services (1999) states foster youth need to "continue developing their social and interpersonal skills" (p. i), it appears that ILP service providers completely disregard this requirement and are therefore falling short in assisting emancipating foster youth reach independence (Clara, Cox, Enns, Murray, & Torgude, 2003; Kerman, Wildfire & Barth, 2002; Legault, Anawati, & Flynn, 2006; Mallon, 1998; Mendes & Moslehuddin, 2006; Merdinger et al., 2005; Reilly, 2003; Wald & Martinez, 2003; Zimet, Dahlem, Zimet, & Farley, 1988).

Propp et al. (2003) go so far as to argue that merely using the term *independent* in ILP is flawed because it sets the unrealistic expectation for the youth that adults are completely independent. Instead, program goals should be that of assisting foster youth in

becoming *interdependent*, recognizing that "connection as not only normal but necessary for providing the context of healthy growth and development... realizing no one is truly independent or self-sufficient" (p. 265).

In literature discussing experiences, behaviors, and poor outcomes of foster youth, there is evidence that these youths are likely to need assistance and intervention in building the social support systems necessary to successful adult living (Pediatrics, 2000; Penzerro & Lein, 1995). Youth who never experience consistent and secure attachments with adult caregivers may develop an inability to trust or love, continue to be drawn to harmful relationships, and behave in ways which further alienate them from society (Pediatrics, 2000; Penzerro & Lein, 1995). Penzerro and Lein, (1995) explain that the ways in which foster youth experience relationships and transitions leads them to adopt anxious and avoidant attachment styles. Such disorders of attachment are indicated in the severe acting out behaviors characteristic of many youths experiencing negative outcomes (Penzerro & Lein, 1995).

Academicians and child welfare professionals agree that with increased social support and secure

attachments, foster youth would be more likely to make the successful transitions into adult living (Barth, 1990; Cook, 1991; Courtney & Barth, 1996; Courtney, Piliavin, & Grogan-Kaylor, 2001; Hines et al., 2005; Leathers, 2002; Lemon et al., 2005; Loman & Siegel, 2000; Massinga & Pecora, 2004; Melpignano & Collins, 2003; Merdinger et al., 2005; Reilly, 2003; Tweddle, 2005). Even more important than the opinions of the professionals are the voices of the foster youth. These young people say they want ongoing supportive relationships and emotional connections both during and after emancipation (Barth, 1990; Cook, 1991; Courtney, Piliavin & Grogan-Taylor, 1998; Kerman et al., 2002; Kools, 1997; Lemon et al., 2005; Mendes & Moslehuddin, 2006; Reilly, 2003)

Foster youth experience tremendous difficulties post-emancipation. Recent legislation allocates funding so that government child welfare agencies can provide pre-emancipation services to prevent these problems and assist these youths in successfully transitioning out of the foster care system. Federal policy specifies that personal and emotional support should be an essential component of ILP service provision, but current practice



is inadequate in this regard, instead focusing predominantly on concrete skills, such as balancing a checkbook. Resulting from their childhood experiences, foster youth may be suffering from anxious or avoidant attachment styles and unable on their own to develop adequate social support systems without intervention. This lack of social support could be one of the treatable elements contributing to the poor outcomes observed in foster youth populations today.

#### Purpose of the Study

The purpose of this study is to examine the level of social support in a sample of foster youth nearing emancipation. Additionally this study seeks to examine if a relationship between social support and anxious and/or avoidant attachment styles can be observed. This research will also ask the foster youth participants if they would be interested in ILP classes to assist them in increasing their social support.

The general research methodology will be a cross-sectional survey design using non-probability purposive sampling. A sampling frame will be generated by obtaining a list of foster youth that are eligible for

ILP services in San Bernardino County from the Department of Children's Services database. The estimated number of this sampling frame is 803 (San Bernardino County Department of Children's Services, 2006). Researchers will attempt to recruit 30 to 50 participants to whom a short demographic questionnaire and 2 short quantitative standardized measures will be administered.

#### Significance of the Study for Social Work and Child Welfare

It is important to investigate this problem for several reasons. First, foster youth are an at-risk population for whom many studies clearly indicate severe problems post-emancipation. This study systematically explores the possible contributing factors, including the woefully overlooked variable of social support. Results of this study may indicate a crucial area of improvement in ILP service provision that could improve the outcomes of foster youth.

Second, child welfare agencies are required by federal and state laws to demonstrate through outcomes that they are utilizing effective practices, which adequately provide for the safety and well-being of the children involved in the child welfare system. This study

is significant in that it can help child welfare agencies meet these legal mandates by developing methods of best practice.

Finally, and most importantly, it is the ethical obligation of the child welfare system and the academic field of social work to ensure that foster youth do not disproportionately end up uneducated, homeless, unemployed, impoverished, incarcerated, addicted, and suffering psychological and physical health problems. This study employs an empirical foundation of research and theory to realistically evaluate the needs of foster youth and recommend practical solutions in hopes that fewer foster youth will suffer the consequences of a bureaucratic child welfare system which ignores their basic human needs for social support.

The research hypotheses are as follows: It is expected that a sample of San Bernardino County foster youth nearing emancipation will demonstrate a low level of social support. Social support is expected to negatively correlate with anxious and/or avoidant attachment styles. Youth interested in ILP classes are expected to have lower levels of social support than youth not interested in ILP classes.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

In this section we will discuss theories guiding the conceptualization of this proposed research, which include Erikson's psychosocial theory of human development, attachment theory, and resiliency theory. Research regarding social support is also presented along with additional studies which demonstrate a gap in what is known about ILP service provision regarding social support and a need for modifying policy and practice.

#### Theories Guiding Conceptualization

Collins (2001) explains that Independent Living Programs lack a theoretical basis which results in piecemeal service provision, which fails to meet the holistic needs of foster youth. Collins suggests that policy practitioners develop services as guided by theories that address life transitions, resilience, and social support. In light of these recommendations, we have chosen to use Erikson's psychosocial theory of human development, attachment theory, resiliency theory and research on social support to guide the current study.

## Erikson's Psychosocial Theory of Development /

According to Erikson (1950, 1968, as cited in Zastrow & Kirst-Ashman, 2004) there are eight stages of development throughout the human lifespan. Each presents a specific challenge that must be resolved in order for healthy psychosocial development to occur. Failure to resolve one stage hinders resolution of subsequent stages and leads to impaired psychosocial functioning (e.g. depression, unemployment).

For the purposes of this study, we only discuss three of Erikson's stages, as they highlight and explain the increased challenges to healthy development that foster youth face when growing up in the child welfare system. In these three stages, relationships with significant others play a central role.

The first stage of development occurs from infancy to approximately 2 years of age and consists of the task to develop basic trust over mistrust. Through their relationship with a primary caregiver, a child learns whether or not he or she can depend upon others.

For foster children who have experienced abuse and/or neglect at the hands of main caregivers, a basic trust of others may not be established. If this stage of

development is unresolved, the individual is expected to experience continuing problems in establishing trusting relationships.

Failure to establish basic trust in the first stage complicates successful resolution of Erikson's fifth and sixth stages of development. Relationships with others are fundamental in resolving the tasks of these two stages, which are presented next.

The fifth stage occurs during the teen years when young people explore who they are and what their role is in larger social contexts. They must resolve the crisis of identity versus role confusion. Erikson states the vital processes to resolving this stage include developing peer relationships as well as a clear sense of belonging in familial and membership groups. Failure to achieve identity results in a diffused sense of self characterized by lack of direction and role confusion.

Relating to the plight of foster youth is the concept of a negative self identity. Though Erikson does not address this specifically, internalizing a poor self identity could also be interpreted as unsuccessful resolution of this stage.

Kools (1997) finds the institutional structure of foster care, and the stigmatized status given to foster kids by society and peers, places foster youth at risk for developing a negative identity. Using a purposive sample of 17 adolescents in foster care, with a mean age of 17 years and average length of stay of 5.7 years, data was collected through intensive interviews with the adolescents, observations in group home settings, and analyses of case records. Results demonstrated that the youths had a devalued sense of personal identity.

Further, Zastrow and Kirst-Ashman (2004) assert that identity formation plays a central role in the ability to navigate key decisions in adulthood. Those who fail to achieve a healthy and clear sense of identity have difficulty in making career choices and decisions about intimate relationships. These individuals "muddle through life" (p. 257) and experience emotional and mental distress in the form of anxiety and depression. A qualitative study by Schofield (2002) supports this. From interviews with a diverse convenience sample of 40 former foster youth aged 18 to 40 years, Schofield's main conclusion was that the youth needed "a family to rely on and call their own" (p. 271) and that foster families

must provide the youth with a sense of family belonging and membership. When this social support was lacking, the resulting effect in adulthood was a lack of "direction in their life" (p. 271). These individuals suffered in their abilities to cope and remain hopeful about the future.

Specific negative outcomes experienced by foster youth (i.e. lack of high school diploma, unemployment, substance abuse, homelessness) may be interpreted as indicators of unsuccessful resolution of Erikson's fifth stage, and indicative of the importance of social support during this developmental stage.

Erikson's sixth stage of development involves the transition into young adulthood with the major task of establishing intimate relationships over isolation. This includes not only sexual intimacy, but also the ability to share and give of oneself emotionally and psychologically. Research finds that foster youth express feelings of social isolation and disconnection and state they feel unable to form support and connections with others (Barth, 1990; Cook, 1991; Courtney, Pilavin & Grogan-Taylor, 1998; Kools, 1997).

A study by Lemon et al., (2005) demonstrates interesting results related to Erikson's sixth stage.



Using a non-probability purposive sampling method to locate and survey former foster youth enrolled in college (n = 194), researchers found that 38% said they were unable to ask someone for help, 44% could not tell others how they felt, and 44% said they were unable to make friends. Even though enrollment in college is indicative of a successful adult transition, achieving both trust and intimacy appears to still be unresolved for a significant number of the participants in this study.

For foster youth who come from maltreating families, and experience multiple placements and schools changes, it is easy to see the immense challenges to healthy development these individuals face in growing up. Combined with an unresolved initial stage of trust versus mistrust, the unresolved stages of identity versus role confusion and intimacy versus isolation further limit not only one's ability to establish social support, but also tremendously hinders one's ability to take on the challenges of an independent adult life. Placing demands on foster youth to prepare for the burden of living on their own without addressing these unresolved developmental needs is premature, presumptuous, and completely unrealistic.

## Attachment Theory

A review of literature regarding interventions for foster youth demonstrates that attachment theory is often the foremost guiding orientation of professionals in working this population (Barth, Crea, John, Thoburn & Quinton, 2005; Hart & Thomas, 2000; Hughes, 2004; Lieberman, 2003; Nilsen, 2003; Pearce & Pezzot-Pearce, 2001; Trowell, 2004). The theory offers a logical basis for understanding foster youth's unique needs and can provide explanations regarding relationship struggles experienced by foster youth. Attachment theory also relates to Erikson's model in that both emphasize the important role early positive relationships play in healthy development.

Originating from the work of John Bowlby and Mary Ainsworth, the main premise of attachment theory is that a loving and secure relationship with a primary caretaker is critical to one's psychological well-being and psychosocial development (Racussin, Marlender, Sengupta, Isquith & Strauss, 2005). This initial relationship is thought to be the basis upon which future relationships are framed. Ideally, the child will experience a safe and nurturing relationship and develop a secure style of

attachment characterized by trust and the ability to empathize and love. Development, mental health, and social functioning are adversely affected when children experience a traumatic severance of this primary relationship or when the primary relationship is harmful to the child (i.e. abuse, neglect). In both cases, the child develops an attachment style, a way of relating to and interacting with others which molds subsequent relationships into replicas of previously experienced relationships (Penzerro & Lein, 1995).

In cases of neglect, abuse, and inconsistencies in care, children may develop highly maladaptive attachment styles, often classified as attachment disorders (Pediatrics, 2000). These maladaptive attachment styles can also be labeled as anxious, avoidant, ambivalent, or disorganized. Characterized by dysfunctional cognitive schemas about people and relationships and self-defeating behavioral patterns, such attachment styles impede subsequent formation of enduring trustworthy relationships and provoke social rejection (Pearce & Pezzot-Pearce, 2001). Attachment theory thus infers a causal link between early childhood attachment experiences and later psychosocial functioning in regards

to one's ability to develop healthy and secure relationships.

Using a general population sample, Werner and Smith (1992) conclude that early secure attachments pave the way for successful adult transitions. In a longitudinal study that followed 505 ethnically diverse males and females from birth through young adulthood, Werner and Smith found that a key factor to healthy adult adjustment was the individual's ability to have secure attachments. These secure relationships appear to mediate multiple and long-term psychosocial stressors.

Leathers (2002) used random sampling and structured interviews to explore attachment, number of placements, behavioral disturbance, and educational performance in a sample of 199 urban foster care youth, age 12 to 13 years. Among boys, a weaker attachment to the foster family was correlated with higher rates of conduct problems. Also for boys, placement movement was positively associated with weaker attachments. For girls, placement movement was significantly associated with lower school achievement. Though these findings provide support for aspects of attachment theory, the relationship between these variables is arguable. For

example, it may be that for children with conduct disorder, attaching to caregivers becomes more difficult rather than conduct problems stem from weak attachments.

Penzerro and Lein (1995) conducted a qualitative study of 20 male foster youths in residential treatment for conduct disorder. Using loosely structured interviews and case file reviews, the researchers found the boys to have an average of 12 placements each. Researchers also observed that the boys displayed increases in anti-social and alienating behaviors during placement changes and discharge. The researchers suggested such behaviors could be explained by the boys' attachment history in which their world is "a hostile, rejecting place" (p. 362). Thus, the boys displayed an avoidant attachment style which reinforced this worldview and further created obstacles in their abilities to utilize social support systems.

It should be noted that attachment is difficult to measure and often based upon inherently flawed data sources, such as retrospective information or brief observations. Researchers argue the relationship between early attachment and adult outcomes cannot be labeled as causal and that attachment constructs may not have

predictive value when speaking to the futures of youth involved in the child welfare system (Barth et al., 2005; Nilsen, 2003).

### Resiliency Theory

Resiliency theory emerged when professionals' inclination for deficits-based assessments gave way to using a strengths-based approach. The latter method directs practitioners to identify and build upon those variables which allow humans to achieve well-being in adverse environments (i.e. poverty, war-torn countries, disease, and natural disasters) (Claus-Ehlers & Weist, 2004; Richardson, 2002).

Resiliency theory corresponds with Erikson's developmental theory and attachment theory in that it also links successful adult adaptation to social support. In general, researchers assert that people who experience secure attachments, close friendships, extended family, and positive social experiences are better equipped to persevere through extreme circumstances and recover from trauma (Gilligan, 2001 as cited by Mendes & Molelhuddin, 2006; Legault, Anawati & Flynn, 2006; Werner & Smith, 1992).

## Foster Youth and Social Support <sup>4</sup>

The above theories and research indicate links between successful human development, secure attachments and social support. This can help explain the poor outcomes observed in foster youth populations.

Maladaptive attachment styles that result from childhood abuse and neglect hinder foster youths' abilities to establish and utilize the social support that is necessary in successful adult living. Social support is defined as both emotional and material support provided by family, friends, and significant others (Sherbourne & Stewart, 1991; Zimet et al., 1988). Thoits (1986 as cited by Zimet et al., 1988) states social support is essentially coping assistance, which mediates stressful situations in several ways. Tangible assistance (i.e. money, childcare) may be provided to eliminate a stressor. Dialogue with significant others can alter the meaning of stressors as new adaptive perspectives are provided. Affective responses to stressors can be lessened by others' empathic understanding and through experiencing a greater number of positive emotional and social interactions.

It is established that social support contributes significantly to human resiliency (Clara et al., 2003; Legault, Anawati & Flynn, 2006; Wald & Martinez, 2003; Zimet et al., 1988). Current research, cited below, appears to demonstrate a positive relationship between social support and foster youth outcomes.

In a literature review examining factors contributing to poor outcomes of former foster youth, Mendes and Moslehuddin (2006) conclude that many of the youth lack social support networks, leaving care without a safety net of friends and family.

Results from a Nevada-based study of 105 foster youth indicate that youth with larger social support networks have greater life satisfaction, and that youth with smaller social support networks are more likely be homeless post-emancipation (Reilly, 2003).

Kerman et al. (2002) find that successful adult living requires both material, social, and emotional capital. Their results from case reviews, self-report questionnaires, and structured interviews with a purposive sample of 115 former foster youth indicate that youth who remain in foster care settings beyond age 19 have significantly better outcomes on measures of



well-being, self-sufficiency, and overall status than those who exit care prior to age 19. It is the opinion of the authors that the extended social support provided by the families contributed to the group difference.

Mallon (1998) provides a descriptive study with a group of foster youths ( $n = 46$ ), who received services from a New York City-based independent living program. The results regarding education, housing, and employment indicate relatively better outcomes than reported in other studies (Barth, 1990; Cook, 1991). Though not discretely measured, having a social support network was credited by the researcher as contributing to the success of this sample.

Merdinger et al. (2005) sought to identify protective factors in a sample of 216 emancipated foster youth enrolled in 4-year universities and suggested that social support may be one of the main factors contributing to the youths' college success. Although many of the participants were reported to struggle with asking for help, telling others how they felt, and making friends, almost 86.9% did report to have significant other (i.e. family member, friend, counselor, mentor, coach) they could ask for help, 75.7% reported to have a

friend or family member from whom they could borrow \$200, and almost 60% stated they were still friends with people they knew prior to emancipation. A limitation of this study is that there is no comparison group of foster youth not enrolled in college.

A Gap in Independent Living Program Service  
Provision: The Need for Building Foster  
Youths' Social Support Systems

Promoting attachments and relationships with significant others is a focus of child welfare agencies when deciding when to remove and/or reunify a child, however in the emancipation process, it appears these same agencies narrowly center ILP services on building only the practical skills and material aspects of self-sufficiency (Haight, Doner Kagle, & Black, 2003; Lemon, Hines & Merdinger, 2005; Massinga & Pecora, 2004; Melpignano & Collins, 2003; Propp et al., 2003; Ortega, & Newheart).

Lemon, Hines and Merdinger (2005) conducted ethnographic analyses using interview data with ILP coordinators in 9 California counties and found that the ILP services typically use instructional models that teach discrete and concrete skills. "No ILP coordinators

mentioned services that were directly related to giving emancipating youth emotional or personal support”

(p. 265). Researchers Massinga and Pecora (2004) found that of the 15 resource providers for foster youth in their community, only 2 offered social support-based services (in this case mentoring). Melpignano and Collins (2003) conducted a qualitative study with a panel of 19 experts including university academicians and child welfare practitioners to generate suggestions regarding policy recommendations and training needs of social workers involved with transitioning foster youth. The consensus of the experts was that policy and practice become more comprehensive to and place foster youth's connection and relationships with significant others foremost.

#### Summary ↵

Erikson's psychosocial theory provides an understanding of the developmental needs of foster youth, articulating that all children require the capacity to form close relationships in order to develop into healthy adults. Attachment theory suggests that foster youth are less apt to form secure relationships, due to their

experiences with neglect and abuse, and may suffer ongoing deficits in social support. Resiliency research indicates secure relationships are a key part of successful adaptation and can buffer the effects of stress and trauma. All of these theories are tied together in research on social support, which finds that all humans require networks of significant others to provide both material and psychological resources. Some research suggests that foster youth may not have adequate social support systems, which can account for the poor outcomes; however other studies find evidence to the contrary. Regardless of this discrepancy in the literature, there remains a consensus among researchers that foster youth are in need of ILP services to assist them in building social support and that current services do not address this.

## CHAPTER THREE

### METHODS

#### Introduction

This chapter presents a description of the methods employed in this research project. It includes details regarding the study design, sampling and data collection methods, as well as instruments used. Efforts made for the protection of human subjects and data analysis are also explained.

#### Study Design

This study sought to examine the level of social support in a sample of foster youth nearing emancipation in San Bernardino County, California. Additionally this study sought to examine if a relationship exists between the participants' level of social support and anxious and/or avoidant attachment styles. This research also examined if the foster youth would be interested in ILP classes designed to help them increase their social support systems. The general research methodology used was a cross-sectional survey design using non-probability convenience sampling. Quantitative standardized measures were also used.

The specific variables examined were 1) foster youths' perceived levels of social support, 2) avoidant and anxious attachment styles, and 3) foster youths' interest in attending ILP classes designed to help them increase social support systems.

Research hypotheses were as follows: It is expected that participants will demonstrate a low level of social support. Scores on the social support scale will negatively correlate with scores on the scales measuring avoidant and anxious attachment styles. Youths interested in attending ILP classes to help them increase their social support systems are expected to have lower levels of social support than youths not interested in these ILP classes.

#### Sampling

Participants were recruited from a list provided to the researchers by the Independent Living Program (ILP) coordinator at the San Bernardino County Department of Children's Services office. This list consisted of 803 youth aged 16 to 19 years eligible to receive ILP services in San Bernardino County. Information provided on this list included the youth's name, date of birth,

address, name of their social worker, and name and address of their caregiver.

Participants were defined as youths between the ages of 16 and 19 years who had not emancipated from the system as of April 2007. Researchers chose to use a sample within the local geographic area of which the total sampling frame was 803. Due to the unexpected length of time needed for obtaining permission from the Department of Children's Services and limited amount of time allowed for data collection, researchers chose to use convenience sampling to obtain a sub-sample of 112 participants from which the final sample size of participating foster youth was 19. Issues relating to the recruitment of minors will be discussed more thoroughly in the procedures section below.

#### Data Collection and Instruments

The survey consisted of a small demographic questionnaire and two scales, the MOS Social Support Survey (MOS-SSS; Sherbourne & Stewart, 1991; APPENDIX B), and the Experiences in Close Relationships-Revised (ECR-R) (Fraley, Waller, and Brennan, 2000; APPENDIX C).

The demographic questionnaire was used to collect basic information which included: age, gender, ethnicity, and number of ILP classes attended. Also on this part of the survey was the question, "Would you be interested in [ILP] classes to help you increase your social support system?" Youth were asked to respond either "yes" or "no" (APPENDIX A).

This study employed the MOS Social Support Survey (MOS-SSS; Sherbourne & Stewart, 1991; APPENDIX B) to measure youths' social support systems. The MOS-SSS is a 19-item self-report instrument designed to measure one's subjective perception of the availability of social support in four dimensions: 1) tangible support, meaning material or objective support (e.g., "someone to take you to the doctor if you needed it"); 2) affectionate support, consisting of behaviors expressing affection or love (e.g., "someone who hugs you"); 3) emotional/informational support, meaning someone to share feelings/thoughts with, get advice from, and one who conveys empathy and understanding (e.g., "someone you can count on to listen to you when you need to talk"); and 4) positive social interaction, consisting of someone to



do things with (e.g., "someone to have a good time with").

Response options are presented in a Likert-type scale ranging from 1 (none of the time) to 5 (all of the time) regarding how often participants feel that type of support is available to them. Overall scores range from 0 to 100, with higher scores indicating higher levels of perceived social support. Actual scores range from 0 to 95, but the authors of the MOS-SSS provide an equation to convert scores to a 0 to 100 scale for comparison with other studies (Lee, Thompson, & Yu, 2005; Sherbourne & Stewart, 1991).

The internal consistency reliability for the MOS-SSS, as a whole as well for each subscale, is high with Cronbach's alpha values ranging from 0.91 and 0.96 for the four subscales and 0.97 for the overall scale (Westway, Seager, Rheeder, & Van Zyl, 2005). Test-retest reliability is adequate for the scale as a whole and for each subscale with Cronbach's alpha coefficients ranging from 0.72 and 0.76 for the four subscales and 0.78 for the overall scale (Westway et al., 2005). Criterion and construct validity are supported for the MOS-SSS as well (Lee, Thompson, & Yu, 2005). The psychometric properties

of the MOS-SSS have been evaluated across a variety of population samples including patients with chronic conditions, Chinese patients with heart failure, and African American diabetes mellitus outpatients (Lee, Thompson, & Yu, 2005; Sherbourne & Stewart, 1991; Westway et al., 2005).

To measure avoidant and anxious attachment styles in this sample, the Experiences in Close Relationships-Revised (ECR-R) was used (Fraley, Waller, & Brennan, 2000; APPENDIX C). The ECR-R is a 36-item self-report questionnaire measuring both attachment-related anxiety and attachment-related avoidance. Responses are given on a 7-point Likert scale, with a response of 1 meaning "strongly disagree" and 7 meaning "strongly agree". The first 18 questions assess the anxiety domain by examining items such as fear of abandonment and desire for intimate contact (e.g. "there is a special person who is around when I am in need"). The latter 18 questions investigate the avoidance domain by examining feelings of discomfort with disclosure about personal issues (e.g. "I prefer not to show a significant other how I feel deep down") (Kelley, Nair, Rawlings, Cash, Steer, & Fals-Stewart, 2005). An overall anxious attachment score is obtained by

averaging responses for items 1 through 18 and an overall avoidant attachment score is obtained by averaging responses for items 19 through 36. Items 9, 11, 20, 22, 26-31, and 33-36 are reverse coded.

Established internal reliabilities for the anxiety and avoidance subscales of the ECR-R are high, with Cronbach's alpha values reported as 0.95 for anxiety and 0.93 for avoidance at the time of the first analyses. Test-retest reliability is also supported, with retest Chronbach's alpha values for the subscales reported as 0.9281 for anxiety and 0.911 for avoidance. Support for the factor structure and short-term temporal stability of the ECR-R are also reported in the literature (Sibley & Liu, 2004). The psychometric properties of the ECR-R have been demonstrated in research with population samples including undergraduate university students and college students with alcohol abusing parents (Fraley, Waller, & Brennan, 2000; Kelley et al., 2005; Sibley & Liu, 2004).

### Procedures

Data collection and entry for this research began in March 2007 and concluded in April 2007. Prior to conducting this research, written permission from the

Department of Children's Services was obtained (APPENDIX D). Participants for this research were identified from a list provided to the researchers by the Independent Living Program (ILP) coordinator at the San Bernardino Department of Children's Services. The list consisted of all foster youths aged 16-19 years in San Bernardino County, who were preparing to exit the foster care system no earlier than April of 2007. Researchers contacted the social worker assigned to each youth to inform them about the study and to request consent for the youth to participate (APPENDIX E).

After consent was obtained from the social worker researchers mailed survey packets to the potential participants. The first page of the survey packet was an introduction letter thanking the youth for participating in the study and informing them that participation was completely voluntary. It also included instructions on completing and returning the survey in the included self-addressed stamped envelope (APPENDIX F). The second page of the survey packet was the youth assent form which explained the nature of the research, again stressed that participation was voluntary, and provided contact

information on the researchers in case participants had any questions or concerns (APPENDIX G).

### Protection of Human Subjects

Due to the vulnerable nature of the population of study, participant confidentiality and anonymity was maintained. Social worker consent forms, youth assent forms, and youth surveys were all coded with random identification numbers to keep identifying information confidential. Social worker consent was obtained by asking them to provide their signature on the social worker informed consent form (APPENDIX E). Youth assent was obtained by asking youth to mark a check in the box provided on the youth informed assent form and provide the date the survey was taken (APPENDIX G).

Prior to completing the research surveys, the youth were informed by way of the introduction letter and informed assent forms about the study and possible discomfort that could come as a result of participating in the research. It was explained that participation was entirely voluntary and that the youth could at any time to stop filling out the survey and withdraw from the study without consequence.

For the duration of this study, researchers Kyra Dotter and Ashley Brady were the only individuals with access to the data and information pertaining to this investigation. At the completion of the research, youth questionnaires and identification numbers were destroyed.

### Data Analysis

Data from this research was analyzed using a quantitative data analyses method. Descriptive statistical measures, including frequency distributions and measures of central tendency, were used to describe data obtained from the demographic survey, MOS-SSS, and ECR-R. In other words, descriptive statistic analyses were conducted to investigate the means of foster youths' perceived levels of social support, avoidant/anxious attachment styles, and interest in attending ILP classes designed to help them increase social support systems.

Bivariate correlational analyses using Pearson's product moment correlation coefficient ( $r$ ) were utilized to examine whether there was a correlation between level of social support and avoidant and/or anxious attachment styles. In other words, Pearson's  $r$  was used to view the strength and direction of the relationships between total

scores on the MOS-SSS and total scores on the ECR-R, between total scores on the MOS-SSS and scores on the avoidant attachment subscale of the ECR-R, and between total scores on the MOS-SSS and scores on the anxious attachment subscale of the ECR-R.

An independent samples *t*-test was conducted to examine whether youth interested in ILP classes designed to help them increase social support had significantly different mean scores on the MOS-SSS than youth not interested in the ILP classes.

#### Summary

The purpose of this study was to examine the level of social support in a sample of foster youth nearing emancipation in San Bernardino County, California. This study also sought to investigate if a relationship could be observed between foster youths' level of social support and avoidant and/or anxious attachment styles. Finally, this study sought to discover if foster youth express interest in participating in ILP classes designed to help them increase their social support systems and if this was associated with their reported level of social support.

Findings from this study provides information for the Department of Children's Services to incorporate in their provision of ILP and case management services to help promote more successful transitions for youth into adulthood.



## CHAPTER FOUR

### RESULTS

This section includes the detailed results obtained from data analyses. Described first is the demographic profile of the participants which includes gender, age, ethnicity, and number of ILP classes attended. Next are results from the MOS-SSS regarding the participants' mean level of perceived social support. Then, the mean results from the ECR-R and its subscales regarding anxious attachment style and avoidant attachment style are presented. Chronbach's alpha scores are provided for both the MOS-SSS and ECR-R. Following that are the results from the Pearson's *r* correlational analyses conducted on participants' mean scores on the MOS-SSS and their mean scores on the ECR-R and its subscales. Next is the percentage of youth interested in ILP classes designed to help them increase social support. Lastly, results are presented from the independent samples *t*-test between youth's scores on the MOS-SSS and their interest in ILP classes designed to help them increase social support.

There were approximately twice as many female participants (68%, *n* = 13) as there were male

participants (32%,  $n = 6$ ), for a total sample size of 19. Participants' ages ranged from 16 to 18 years, with the majority being 16 (52.6%,  $n = 10$ ) or 17 years old (42.1%,  $n = 8$ ), while only one participant was 18 (5.3 %). The mean age of the sample was 16.5 years. Most participants stated their ethnicity to be Non-Hispanic White (36.8%,  $n = 7$ ) and almost as many identified as Hispanic/Latino (31.6%,  $n = 6$ ). Approximately one-fifth of the sample identified as African-American (21.1%,  $n = 4$ ), while only one participant identified as Asian /Pacific Islander (5.3%,  $n = 1$ ) and only one participant marked other (5.3%,  $n = 1$ ) (TABLE 1). Participants reported attending an average of 8.41 ILP classes, ranging from 0 to 21,  $SD = 6.15$ .

For the MOS-SSS, higher scores indicate more social support. On a scale of 0 to 100, Participants' mean total score on the MOS-SSS was 72.21, ranging from 46.75 to 93.75,  $SD = 17.45$ . On the MOS-SSS item response Likert scale of 1 to 5, participants' mean response was 3.88, ranging between 2.05 and 4.95,  $SD = .92$ . A reliability test of the MOS-SSS yielded a Cronbach's alpha score of .95, indicating high internal consistency. (TABLE 2).

For the ECR-R, the item response Likert scale was from 1 to 7, with higher scores indicating a stronger presence of an anxious and/or avoidant attachment style. Participants' mean response on the ECR-R as a whole was 3.86, ranging from 1.97 to 5.00,  $SD = .83$ . The mean response for the ECR anxious attachment subscale was 3.62,  $SD = 1.12$ , while the mean response for the avoidant attachment subscale was 4.1,  $SD = .89$ . A reliability test of the ECR-R yielded a Cronbach's alpha score of .71, indicating moderately high internal consistency. (TABLE 3).

There was no significant correlation between total MOS-SSS scores and total ECR-R scores ( $r = .36$ ,  $p = .13$ ). Likewise, there was no significant correlation between total MOS-SSS scores and ECR-R anxious attachment subscale scores, ( $r = .10$ ,  $p = .68$ ). Surprisingly, there was a significant positive correlation between total MOS-SSS scores and total scores on the ECR-R avoidant attachment subscale ( $r = .52$ ,  $p = .03$ ) meaning that as social support increased, presence of an avoidant attachment style increased as well (TABLE 4).

In response to the question, "Would you be interested in ILP classes to help you increase your

social support system?" a little over two thirds of the participating foster youth responded "Yes" (68.4%,  $n = 13$ ) and a little less than one third responded, "No" (31.6,  $n = 6$ ). There was no significant difference between the mean MOS-SSS scores of youth interested in the ILP classes ( $M = 4.01$ ) and the mean MOS-SSS scores of youth not interested in the ILP classes ( $M = 3.63$ ), ( $t(17) = .817$ ,  $p = .425$ ) (TABLE 5).

## CHAPTER FIVE

### DISCUSSION

The purpose of this study was to examine the level of social support in a sample of foster youth nearing emancipation in San Bernardino County, California. This study also sought to investigate if a relationship could be observed between foster youths' level of social support and avoidant and/or anxious attachment styles. Finally, this study sought to discover if foster youth would express interest in participating in ILP classes designed to help them increase their social support systems and if this was associated with their measured level of social support.

Previous research has reported that foster youth lack adequate social support systems (Tweddle, 2005), however, the current sample of foster youth reported a relatively high level of social support, as compared to other studies using the MOS-SSS in general population samples and samples of people living with medical problems (Burgoyne & Saunders, 2000; Hilari & Northcott, 2006; McQuellon, Russell, Rambo, Craven & Radford, et al., 1998). This finding is supported by previous

literature that found foster youth to state they have social support "some of the time" or "most of the time" (Courtney, Terao, & Bost, 2004; Mallon, 1998).

It is possible that foster youth reporting relatively high levels of social support have at least one person they feel they can turn to in times of need and identify this person as their support system (Mallon, 1998). Though foster youth often experience broken attachments and severed relationships due to multiple placements, these youth may still be able to maintain contact with someone who has a strong positive influence on them and with whom they have a close relationship. Even though the youth may perceive this as adequate social support, over time, one person may not be enough social support to protect these youths from becoming homeless or addicted to substances.

It is important to note that the findings of the current study regarding the sample's relatively high social support could be due to sample bias. Foster youth who took the time to complete and return the survey may have more social support and stability than foster youth that did not complete and return the survey. These protective factors may have made them more likely to

respond than those youth that are not in a stable placement and do not have social support. Therefore, the results of this study may be skewed towards foster youth participants that have high social support.

Interestingly, a review of the individual participants' mean scores on the MOS-SSS revealed that 6 participants scored 59 or lower, one scoring as low as 38.75. Even though as a whole, the sample appears to have good social support, almost one-third of the youths may be experiencing severe deficits in social support. When looking at the outcome studies demonstrating the dire circumstances of former foster youth, one can observe similar numbers (i.e. 25% homeless, 30% dependent on welfare, 38% suffering emotional/mental health problems, and 17% struggling with substance abuse) (Cook, 1991). These participants with the lowest scores on the MOS-SSS may be the individuals at highest risk for experiencing similarly grim outcomes.

The hypothesis that social support scores on the MOS-SSS would negatively correlate with anxious and avoidant attachment styles on the ECR-R was not supported. Interestingly, there was an unexpected significant positive correlation between overall scores

of social support on the MOS-SSS and the avoidant attachment style subscale on the ECR-R. One possible explanation for this finding is that it may demonstrate the resilience of the youth in this sample. It is possible that even though the foster youth may demonstrate avoidant attachment styles, they are still capable of forming relationships with significant others and may find these relationships to be supportive.

It is difficult to interpret the ECR-R scores of this study's participants as being indicative of higher or lower than normal rates of anxious and/or avoidant attachment styles. This is due to the fact that the researchers did not employ a control group for comparison, which is one of the study's main limitations. However, a review of the literature utilizing the ECR-R reveals that the current study's scores for the anxious attachment style subscale appear on face value to be lower than scores recorded for other population samples, while the scores for the avoidant attachment style subscale appear on face value to be higher than what is observed in other samples (Alonso-Arbiol, Balluerka & Shaver, 2007; Lafontaine & Lussier, 2005; Picardi, Caroppo, Toni, Bitetti & Di Maria, 2005; Wang &



Malinckrodt 2006). These results could be explained in that the foster youth in this sample have grown accustomed to having attachments severed and do not necessarily worry or feel anxious in this regard. On the other hand, they may cope with such situations by avoiding closeness with others and would therefore present an avoidant attachment style.

The finding of relatively high levels of avoidant attachment styles within the current sample supports the concern in previous literature that foster youth will suffer in their attachments to others because of multiple caregivers and frequent placement changes (Barth et al., 2005). It is logical to assume that an adolescent that has spent most of their time as a child moving from placement to placement would experience difficulty securely attaching to others. The marked presence of avoidant attachment style in this sample reiterates the need for those involved in foster youths' lives to improve policy and assist youth to strengthen their social support systems prior to emancipation (Collins, 2001).

There was no support for the hypothesis that youths who were interested in ILP classes to help them increase

their social support would have significantly lower levels of social support than those youth not interested in the ILP classes. In other words, it was found that youths interested in the ILP classes did not have significantly lower or higher levels of social support than those youth not interested in ILP classes. One possible explanation for these findings is small size of the sample used in this investigation. It is unlikely that this sample adequately represented a cross section of foster youth with significantly low social support. It could also be due to sample bias in that the youth who responded were more likely to have adequate social support systems. Having a larger sample of foster youth may have affected the results in this regard.

Additionally, even though the foster youth may be in need of assistance in increasing their social support, these youth may be uninterested in receiving this assistance in the form of an ILP class. Perhaps the results would have been different had the question be phrased in a less specific manner.

The current study provided further support for the MOS-SSS and its ability to examine foster youths' perceived levels of social support by yielding a

Cronbach's alpha score of .95, demonstrating the reliability of this scale. This finding is consistent with previous research exploring the psychometric properties of the MOS, which reported Cronbach's alpha scores between 0.91 and 0.96 (Westway et al., 2005).

The current research also provided further psychometric support for the ECR-R, with a Cronbach's alpha coefficient of .71, demonstrating the questionnaire's ability to accurately measure anxious and avoidant attachment styles.

The overall results of this study demonstrate the need to improve upon methodological techniques when employing a foster youth population. The small sample size was a major limitation to the validity and reliability of the findings. Due to the time constraints in obtaining permission from the Department of Children's Services to use the foster youth population sample, researchers were severely limited in the amount of time allotted for data collection.

Another main limitation was the lack of a control group. In terms of using the MOS-SSS to measure levels of social support, and ECR-R to measure presence of anxious/avoidant attachment styles, the use of a control

group would have allowed researchers to examine whether the scores observed in this study meaningfully differed from that of a non-foster youth sample of a similar demographic profile.

The method of distributing research materials to participants also presented a limitation in that response levels are often lower when surveys are distributed by mail. Use of a much larger sample and employment of multiple methods of distributing surveys may have helped to decrease possible sample bias and increase the validity of the research findings.

The findings of the current study demonstrate a need to conduct further research with regard to foster youth's levels of social support. Though scores on the social support scale were relatively high, more than two thirds of the participants reported they would be interested in ILP classes to help them increase their social support. This statement alone demonstrates a need that these youth would like help in this crucial aspect of their lives.

Previous literature has indicated that current Independent Living Program practices are not adequately meeting the needs of foster youth transitioning out of care (Collins, 2001). The literature suggests that, with

the new federal legislation providing more resources to Independent Living Programs, it is imperative to create services to help increase social support systems for youth preparing to exit the foster care system. Though independent living programs provide foster youth with concrete life skills, such as finding an apartment and creating a budget, they appear to be failing in terms of providing youth with stability and social support as they enter the adult world (Collins, 2001). To improve the outcomes of youth exiting the foster care system, this need should be further explored and addressed.

It is essential that research within this area be conducted so that future policy and legislation can be improved to better address the needs of youth in the foster care system. In terms of ethical and equitable social work practice, it is imperative that empirically supported best practice methods be employed so that foster youth have a fair chance at becoming successful adults.

APPENDIX A  
DEMOGRAPHIC SURVEY

## Demographic Survey

Please read the following questions and circle your answer. Please **DO NOT** write your name on this paper.

1. What is your current age? \_\_\_\_\_
2. What is your gender?
  - 1). Female
  - 2). Male
3. What is your ethnicity?
  - 1). African American
  - 2). Non-Hispanic White
  - 3). Asian/Pacific Islander
  - 4). Hispanic/Latino
  - 5). Native American
  - 6). Other
4. How many ILP classes have you attended? \_\_\_\_\_
5. Would you be interested in classes to help increase your social support system? (A social support system is a group of people that you feel you can turn to in times of need. This can include family, friends, teachers, social workers, foster parents, etc.)
  - 1). Yes
  - 2). No

APPENDIX B

THE MEDICAL OUTCOME STUDY SOCIAL  
SUPPORT SURVEY (MOS-SSS)



## The MOS Social Support Survey (MOS-SSS)

### MOS Social Support Survey

People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it? Circle one number on each line.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
<b>Emotional/informational support</b>					
Someone you can count on to listen to you when you need to talk	1	2	3	4	5
Someone to give you information to help you understand a situation	1	2	3	4	5
Someone to give you good advice about a crisis	1	2	3	4	5
Someone to confide in or talk to about yourself or your problems	1	2	3	4	5
Someone whose advice you really want	1	2	3	4	5
Someone to share your most private worries and fears with	1	2	3	4	5
Someone to turn to for suggestions about how to deal with a personal problem	1	2	3	4	5
Someone who understands your problems	1	2	3	4	5
<b>Tangible support</b>					
Someone to help you if you were confined to bed	1	2	3	4	5
Someone to take you to the doctor if you needed it	1	2	3	4	5
Someone to prepare your meals if you were unable to do it yourself	1	2	3	4	5
Someone to help with daily chores if you were sick	1	2	3	4	5
<b>Affectionate support</b>					
Someone who shows you love and affection	1	2	3	4	5
Someone to love and make you feel wanted	1	2	3	4	5
Someone who hugs you	1	2	3	4	5

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
<b>Positive social interaction</b>					
Someone to have a good time with	1	2	3	4	5
Someone to get together with for relaxation	1	2	3	4	5
Someone to do something enjoyable with	1	2	3	4	5
<b>Additional item</b>					
Someone to do things with to help you get your mind off things	1	2	3	4	5

APPENDIX C

THE EXPERIENCES IN CLOSE RELATIONSHIPS-REVISED

(ECR-R) QUESTIONNAIRE

## The Experiences in Close Relationships-Revised (ECR-R) Questionnaire

### The Experiences in Close Relationships-Revised (ECR-R) Questionnaire (Fraley, Waller, and Brennan, 2000)

Instructions: The statements below concern how you generally feel in your relationships with significant others, which can include friends, family, caregivers, or others that are close to you. We are interested in how you generally experience these relationships, not just what is happening in a current relationship with a significant other. Please respond to each statement by circle one of the following to indicate how much you agree or disagree with the statement:

- Circle the "1" if you **Strongly Disagree**
- Circle the "2" if you **Disagree**
- Circle the "3" if you **Somewhat Disagree**
- Circle the "4" if you are **Neutral/Mixed**
- Circle the "5" if you **Somewhat Agree**
- Circle the "6" if you **Agree**
- Circle the "7" if you **Strongly Agree**
- Circle the "D" if you **Don't Know**
- Circle the "R" if you **Refuse to Answer**

1	I'm afraid that I will lose a significant other's love.	1 2 3 4 5 6 7 D R
2	I often worry that a significant other will not want to stay with me.	1 2 3 4 5 6 7 D R
3	I often worry that a significant other doesn't really love me.	1 2 3 4 5 6 7 D R
4	I worry that my significant others won't care about me as much as I care about them.	1 2 3 4 5 6 7 D R
5	I often wish that my significant others' feelings for me were as strong as my feelings for them.	1 2 3 4 5 6 7 D R
6	I worry a lot about my significant others.	1 2 3 4 5 6 7 D R
7	When a significant other is out of sight, I worry that he/she might become interested in someone else.	1 2 3 4 5 6 7 D R
8	When I show the feelings that I have for a significant other, I'm afraid he/she will not feel the same about	1 2 3 4 5 6 7 D R
9	I rarely worry about a significant other leaving me.	1 2 3 4 5 6 7 D R
10	A significant other makes me doubt myself.	1 2 3 4 5 6 7 D R

11	I do not often worry about being abandoned.	1 2 3 4 5 6 7 D R
12	I find that my significant others don't want to get as close to me as I would like.	1 2 3 4 5 6 7 D R
13	Sometimes my significant others change their feelings about me for no apparent reason.	1 2 3 4 5 6 7 D R
14	My desire to be very close sometimes scares people away.	1 2 3 4 5 6 7 D R
15	I'm afraid that once a significant other gets to know me, he/she won't like who I really am.	1 2 3 4 5 6 7 D R
16	It makes me mad that I don't get the affection and support that I need from a significant other.	1 2 3 4 5 6 7 D R
17	I worry that I won't measure up to other people.	1 2 3 4 5 6 7 D R
18	A significant other only seems to notice me when I'm angry.	1 2 3 4 5 6 7 D R
19	I prefer not to show a significant other how I feel deep down.	1 2 3 4 5 6 7 D R
20	I feel comfortable sharing my private thoughts and feelings with a significant other.	1 2 3 4 5 6 7 D R
21	I find it difficult to allow myself to depend on significant others.	1 2 3 4 5 6 7 D R
22	I am very comfortable being close to significant others.	1 2 3 4 5 6 7 D R
23	I don't feel comfortable opening up to significant others.	1 2 3 4 5 6 7 D R
24	I prefer not to be too close to significant others.	1 2 3 4 5 6 7 D R
25	I get uncomfortable when a significant other wants to be very close.	1 2 3 4 5 6 7 D R
26	I find it relatively easy to get close to a significant other.	1 2 3 4 5 6 7 D R
27	It's not difficult for me to get close to a significant other.	1 2 3 4 5 6 7 D R
28	I usually discuss my problems and concerns with a significant other.	1 2 3 4 5 6 7 D R
29	It helps to turn to a significant other in times of need.	1 2 3 4 5 6 7 D R
30	I tell a significant other just about everything.	1 2 3 4 5 6 7 D R
31	I talk things over with a significant other.	1 2 3 4 5 6 7 D R

32	I am nervous when significant others get too close to me.	1	2	3	4	5	6	7	D	R
33	I feel comfortable depending on significant others.	1	2	3	4	5	6	7	D	R
34	I find it easy to depend on significant others.	1	2	3	4	5	6	7	D	R
35	It's easy for me to be affectionate with a significant other.	1	2	3	4	5	6	7	D	R
36	A significant other really understands me and my needs.	1	2	3	4	5	6	7	D	R

APPENDIX D

DEPARTMENT OF CHILDREN'S SERVICES

LETTER OF APPROVAL

**San Bernardino County Department of Children's Services Approval to  
Conduct Research**

Researchers are currently waiting approval from the Department of Children's Services for this study. The proposal was submitted to the Department on October 31, 2006 for review, however an approval letter has not been issued as of November 28, 2006. The approval letter will be submitted as soon as it is received.



APPENDIX E

INFORMED CONSENT (SOCIAL WORKER)

**Social Worker Consent for Youth Participation  
INFORMED CONSENT (Social Worker)**

The present study is designed to investigate the perceived level of social support and attachment styles of foster youth preparing to exit the foster care system. Participants for this research include foster youth between 16-19 years of age and a foster youth for whom you are the primary social worker has been identified as a potential participant for this investigation. This study is being conducted by Ashley Brady and Kyra Dotter under the supervision of Dr. Laurie Smith, associate professor of social work. This study has been approved by the Institutional Review Board, California State University, San Bernardino.

In this study, foster youth will be asked to respond to several questions about his/her level of social support and the nature of their attachments with others. The surveys should take about 5 to 10 minutes to complete. All of his/her responses will be held in the strictest of confidence by the researchers. His/her name will not be reported with their responses. Instead, participants will be assigned random identification numbers that will be used to code surveys. Identification numbers will not be used to determine participant identity and will be destroyed following the completion of this research. All data will be reported in group form only. You may receive the group results of this study upon completion on June 30, 2006 at the following location: John M. Pfau Library 5500 University Parkway San Bernardino, CA. 92407 (909) 537-5090.

Foster youth participation in this study is totally voluntary. Participants are free to not answer any questions and withdraw at any time during this study without penalty. When he/she has completed the survey, they will receive a debriefing statement describing the study in more detail. In order to ensure the validity of the study, we ask that youth not discuss this study with other participants. There are minimal risks associated with participation in this study. Due to the vulnerable nature of this population, there may be some discomfort that could arise from the questions on the surveys. The researchers conducting this study are Master's of Social Work students and will address any discomfort that participants experience. Participants will also be referred to Inland Behavioral and Health Services should they need professional help. Benefits involved in participating in this research include the opportunity for foster youth to share their experiences and provide input on the need for social support building services for youth preparing to exit the foster care system.

If you have any questions or concerns about this study, please feel free to contact me, Dr. Laurie Smith, at (909) 537-3837.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and I freely give consent for the foster youth, for whom I am the primary social worker, to participate.

Signature: \_\_\_\_\_  
Social Worker/Guardian

Date: \_\_\_\_\_

APPENDIX F  
INFORMED ASSENT (YOUTH)

**Youth Consent to Participate  
INFORMED ASSENT (Youth)**

The study that you are being asked to participate in looks at foster youth level of social support and attachment styles. This study is being done by Ashley Brady and Kyra Dotter under the supervision of Dr. Laurie Smith, professor of social work.

In this study you will be asked to answer several questions about your level of social support and your attachments with others. The surveys should take about 5 to 10 minutes to finish. Your name and all of your answers will be kept private and will not be told to anyone.

You do not have to complete the surveys if you do not want to; it is completely voluntary. It is unlikely that you will experience any discomfort or distress from completing these surveys. However, the researchers doing this study are Master's of Social Work students and will help with any discomfort that you experience. By completing these surveys, you have the opportunity to share your experiences and give suggestions about the need for social support services for youth preparing to exit the foster care system.

If you have any questions or concerns about this study, please feel free to contact me, Dr. Laurie Smith, at (909) 537-3837.

By placing a check mark in the box below, I recognize that I have been informed of, and that I understand, the purpose of this study, and I freely consent to participate. I also acknowledge that I am between 16-19 years of age.

**Place a check mark here** ☐

**Today's date:** \_\_\_\_\_

APPENDIX G  
YOUTH INTRODUCTION LETTER

## Introduction Letter

Thank you for participating in this study. This survey is completely voluntary and you may stop completing this survey at any time or you may skip a question if you feel uncomfortable answering. Please make sure to mark a check in the box on the Youth Assent form and the date you completed the survey. Also, please make sure to return the survey in the white envelope provided. You may throw away the yellow envelope that has your address on it. Please return the survey before March 22, 2007. Thank you again for participating in this study.

## APPENDIX H

### TABLES

Table 1. Demographics

Gender	Percent	N
Female	68.4	13
Male	31.6	6
Age	Percent	N
16	52.6	10
17	42.1	8
18	5.3	1
Ethnicity	Percent	N
Non-Hispanic White	36.8	7
Hispanic/Latino	31.6	6
African American	21.1	4
Asian/Pacific Islander	5.3	1
Other	5.3	1



Table 2. MOS-SSS Mean Scores and Responses

Item	M	SD	$\alpha$
MOS-SSS Total	72.21*	17.45	.95
MOS-SSS Item	3.88**	.92	

Note. Higher scores indicate more social support. \*Scale is from 0 to 100. \*\*Likert scale is from 1 to 5.

Table 3. ECR-R

Item	M	SD	$\alpha$
ECR-R	3.86	.83	.71
ECR Anxious Attachment Subscale	3.62	1.12	
ECR Avoidant Attachment Subscale	4.10	.89	

Note. Likert scale is from 1 to 7. Higher scores indicate stronger presence of anxious/avoidant attachment style.

Table 4. Correlations

Correlation	r	p
MOS-SSS and ECR-R	.36	.13
MOS-SSS and ECR Anxious Attachment Subscale	.10	.68
MOS-SSS and ECR Avoidant Attachment Subscale	.52*	.03

\*Indicates significance at the .05 level.

Table 5. Comparing Interest in ILP and MOS-SSS Mean

Response

Interested in ILP	N	%	M	t	p
Yes	13	68.4	4.06	.817	.43
No	6	31.6	3.63		

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## ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Team Effort: Ashley Brady & Kyra Dotter

2. Data Entry and Analysis:

Team Effort: Ashley Brady & Kyra Dotter

3. Writing Report and Presentation of Findings:

- a. Introduction and Literature

Team Effort: Ashley Brady & Kyra Dotter

- b. Methods

Team Effort: Ashley Brady & Kyra Dotter

- c. Results

Team Effort: Ashley Brady & Kyra Dotter

- d. Discussion

Team Effort: Ashley Brady & Kyra Dotter